

PROFESSIONAL LICENSE RENEWAL COMPUTATION SHEET

| | | |
|------------------------|------------------|---------------|
| Last Name | First Name | Middle/Maiden |
| Social Security Number | Reference Number | Date of Birth |

* Point Scale

| | |
|--|--|
| Activities (except for coursework) Participant - 1 hour = 1 point Leader/Presenter - 1 hour = 3 points | * Coursework Participant - 1 semester hour = 15 points 1 CEU = 10 points **Leader/Presenter - 1 semester hour = 45 points 1CEU = 30 points * If you completed coursework which is listed below, an official transcript from an accredited college or university must be attached to this form. If you TAUGHT the coursework, verification from the institution is required. |
|--|--|

All activities must be placed on computation sheet.

| Option # | Activity (note whether you were a participant or presenter) | Date(s) Conducted | Points Earned |
|--------------------|--|-------------------|---------------|
| 1. | | to | |
| 2. | | to | |
| 3. | | to | |
| 4. | | to | |
| 5. | | to | |
| 6. | | to | |
| 7. | | to | |
| 8. | | to | |
| 9. | | to | |
| 10. | | to | |
| 11. | | to | |
| 12. | | to | |
| 13. | | to | |
| 14. | | to | |
| 15. | | to | |
| Grand Total | | | |

Complete Part I and II

Part I TO BE COMPLETED BY APPLICANT AND PERSON RESPONSIBLE FOR LOCAL EVALUATION

Applicant and Evaluator must initial appropriate lines (Application will not be processed without the evaluator initials)

| | | |
|-----------|-----------|--|
| Applicant | Evaluator | |
| | | The above activities were completed during the period I supervised the applicant, |
| | | The activities were not part of the state funded inservice days and were not conducted during days and/or hours for which the educator was already being paid by the local education agency, and |
| | | I maintain a file which contains supporting documentation of the above activities. |

(Documentation from Public School educators is not to be sent to State Department)

**** (Documentation from Private School Educators should be sent to State Department)****

| | | |
|--|--------------------------|------------------|
| Signature of Applicant | School and School System | Date |
| Signature of Principal/Person responsible for local evaluation | School and School System | Telephone Number |
| | | Date |

Part II TO BE COMPLETED BY APPLICANT (If unemployed during the period the activities were completed)

I was not employed in a public school or a state approved private school during the period in which the above renewal activities were conducted.
 I have attached supporting documentation. (No more than two pages per activity will be accepted.)

| | |
|------------------------|------|
| Signature of Applicant | Date |
|------------------------|------|

* Refer to Coursework number 2 on Page 2 under Guidelines for Obtaining Professional Renewal Points.